

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
BUREAU OF STANDARDS, PRACTICES AND CONDUCT**

**STANDARD OF CARE FOR THE CLINICAL EVALUATION: QUALITY ASSURANCE
MEASURE II**

BENEFICIARY'S NAME

DOB:

BENEFICIARY'S AGE:

EVALUATOR'S NAME:

DATE OF REPORT:

REVIEW DATE:

REVIEWER'S NAME:

*SUM OF 8
CATEGORIES:*

DIRECTIONS: Please read the report then indicate the degree to which you believe the evaluator met criteria of the following 8 Categories where:

- 4 = meets all criteria, cannot be greatly improved upon, clearly helpful*
- 3 = mostly meets the criteria, acceptable to good, helpful*
- 2 = barely meets the criteria, does no harm, may be helpful*
- 1 = fails to meet the criteria, or contains error creating potential for harm*

I. TECHNICAL QUALITY

INTRODUCTION: REFERRAL QUESTIONS ARE APPROPRIATE, SPECIFIC AND UNIQUE

4 3 2 1

Evaluator assures that:

- Referral for testing did not delay needed crisis intervention
- Referral questions accurately address presenting problems
- Referral questions are unique to beneficiary
- Referral questions represent specific hypotheses concerning presenting problems

METHODS: BASIS OF FINDINGS IS CLEAR AND ADEQUATE

4 3 2 1

- Methods are appropriate to beneficiary and sufficient to address referral questions
- Quantitative procedures are appropriately administered, scored, and data presented in tabular form
- Conditions affecting the reliability and validity of data are discussed
- Risk assessment protocol used to address disclosure of any harm-related thoughts or behaviors

RESULTS: DATA ARE APPROPRIATELY EVALUATED AND INTERPRETED

4 3 2 1

- Results address the referral questions
- Interpretation(s) of data are empirically and logically sound
- Confounds or inconsistencies (e.g. atypical administration, cultural/linguistic or rater's bias) are discussed
- Alternative interpretations of the data are discussed

DISCUSSION: CONCLUSIONS INTEGRATE RESULTS FROM MULTIPLE SOURCES**4 3 2 1**

- Conclusions arise from consistent patterns of data, i.e., integration of history, observations, self/other reports, and cognitive, social and emotional data within the context of current behavioral science
- Conclusions provide a coherent clinical formulation (i.e., psychological explanation of the data)
- Conclusions derived from testing possess incremental validity, that is report is more useful because tests used.
- Differential diagnoses are documented, behaviorally based, and consistent with DSM-IV-TR criteria.

II. THERAPEUTIC QUALITY**REPORT IS UNIQUE TO THIS BENEFICIARY AND FAMILY****4 3 2 1**

- Report is organized around the beneficiary, not around methods
- Report discusses beneficiary's uniqueness; highlights individual differences
- Report is informed by beneficiary's developmental level, ethnic and cultural background, special needs and abilities
- Report provides a good word picture of a "whole person"; i.e., beneficiary's inner world, motivation, and coping skills

REPORT IS RESPECTFUL TOWARD THIS BENEFICIARY AND FAMILY**4 3 2 1**

- Report preserves privacy of beneficiary and beneficiary's family as much as possible
- Report is written in language understandable and useful to beneficiary, family, and other care providers
- Report discusses beneficiary strengths as well as problems; does not pathologize or promote harmful misinterpretation
- Report compares beneficiary's behavior with that of others in a constructive way; promotes understanding, empathy and hope

RECOMMENDATIONS FOLLOW LOGICALLY FROM REFERRAL AND REPORT**4 3 2 1**

- Recommendations address the unique referral questions
- Recommendations address the context of the referral, i.e., school, foster care, adoption, probation, medical, etc.
- Recommendations are logically consistent with the methods, results and conclusions
- Recommendations are consistent with behavioral science

RECOMMENDATIONS WILL LIKELY BE USEFUL TO THE BENEFICIARY AND FAMILY**4 3 2 1**

- Are practical and can be implemented given the beneficiary's situation and history
- Are appropriately comprehensive and prioritized in terms of urgency
- Suggests ways others may see and/or interact more positively with beneficiary
- Specifies modality, goals, and contact information for interventions

ADDITIONAL REMARKS